

Instructor/Class Evaluation

Course: _____

Instructor: _____

Location: _____

Date: _____

Number of Students Present: _____

Time Observed: _____

Subject Taught: _____

Text: _____

Coordinator*: _____

Evaluator: _____

*If not the Instructor teaching this session.

1. Were the objectives of the lesson made clear? (Introduction) YES NO

If NO explain: _____

2. Were distractions present within the classroom? YES NO

If YES explain: _____

3. Did the Instructor seem motivated and interested in the subject? YES NO

If NO explain: _____

4. Did the Instructor have command of the subject matter and the ability to transmit this knowledge to the class? YES NO

If NO explain: _____

5. Did the Instructor command respect and control over the class? YES NO

If NO explain: _____

6. Was preparation and planning evident throughout the class? YES NO

If NO explain: _____

7. Was the class logically organized in its development? YES NO

If NO explain: _____

8. Were the students encouraged to participate? Did they? YES NO

If NO explain: _____

9. Was the selection and use of teaching aids appropriate? YES NO

If NO explain: _____

10. Was the Instructor's "self presentation" satisfactory? (eye contact, grooming, mannerisms, voice patterns, etc.) YES NO

If NO explain: _____

11. Were the subjects summarized at the end of the class? Was any type of evaluation used at that time? YES NO

If NO explain: _____

12. Do you believe that there is something the Instructor has done especially well in this class? YES NO

If YES explain: _____

13. What specific things do you believe might be done to improve the teaching of this class?

14. Other comments: _____
